P06

Supplemental Application Data Sheet

Application Information

14:34

10/771,447 Application number::

02/05/04 Filing Date::

Regular Application Type::

Utility Subject Matter::

3743 Suggested Group Art Unit::

None CD-ROM or CD-R?::

None Sequence submission?::

Computer Readable Form (CRF)?:: No

INHALATION DEVICE AND METHOD Title::

000166.0109-US04 Attorney Docket Number:: -

Request for Early Publication?:: No

No Request for Non-Publication?::

13 Total Drawing Sheets::

Nο Small Entity?::

Petition included?:: No

No Secrecy Order in Parent Appl.?::

Applicant Information

Inventor Applicant Authority Type::

US Primary Citizenship Country::

Full Capacity Status::

David Given Name::

Edwards Family Name::

Boston City of Residence::

MA State or Province of Residence::

US Country of Residence::

171 Commonwealth Avenue, Unit 3 Street of mailing address::

Boston City of mailing address::

State or Province of mailing address:: MA

02116 Postal or Zip Code of mailing address::

Supplemental 10771447 02/05/04 09/13/08 Page # 1 DC: 2192067-1

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mark

Family Name::

DeLong

City of Residence::

Newton

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

266 Grove Street, Apartment 9

City of mailing address::

Newton

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

02466

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United Kingdom

Status::

Full Capacity

Given Name::

Craig

Family Name::

Dunbar

City of Residence::

Boston

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

20 Woodland Road

City of mailing address::

Boston

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

02130

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Ernest

Middle Name::

E.

Family Name::

Penachio

Page # 2

Supplemental 10771447 02/05/04 09/13/06

NO.406

City of Residence::

Haverhill

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

29 Columbia Park

City of mailing address::

Haverhill.

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

01830

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Canada

Full Capacity

Status::
Given Name::

Kevin

Family Name::

Stapleton

City of Residence::

Seattle

State or Province of Residence::

WA

Country of Residence::

US

Street of mailing address::

4221 East Lynn Street

City of mailing address::

Seattle

State or Province of mailing address::

WA

Postal or Zip Code of mailing address::

98112

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mark

Family Name::

Wolff

City of Residence::

Somerville

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

14 Mead Street, Apartment 1

City of mailing address::

Somerville

State or Province of mailing address::
Postal or Zip Code of mailing address::

MA 02144

Page #3

Supplemental 10771447 02/05/04 09/13/08

Correspondence Information

Correspondence Customer Number::

26853

Representative Information

Representative Customer Number::

26853

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
7 10 11 10 11 11 11 11 11	Division of	09/835,302	04/16/01

Foreign Priority Information

Assignee Information

Assignee name::

Advanced Inhalation Research, Inc.

Street of mailing address::

840 Memorial Drive

City of mailing address::

Cambridge

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

02139

14:34

PTO/SBy97 (09-04)
Approved for use through 07/31/2006, CARS 0651-0031
U. S. Petam and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Personant Reduction Act of 1995, no engage and required to respond to a collection of Information unless It displays a year CMB control number.

Application No. (if known): 10/771,447

Attorney Docket No.: 000166.0109-US04

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

September 13, 2006 Oate

Andrea G. Reister

Typed or printed name of person signing Certificate

36,253

(202) 662-6000 Telephone Number

Registration Number, if applicable

Note:

Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal Letter (in duplicate) (4 pages) Supplemental Application Data Sheet (4 pages)